

PROGRESS OF MEDICAL SCIENCE

SURGERY

UNDER THE CHARGE OF

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The "Provocative" Wassermann Test.—POLLITZER and SPIEGEL (*Am. Jour. Syph.*, April, 1919, iii, 252) say that no one who has had a large experience with the Wassermann test would deny its great value for the clinician; but no one with any considerable experience would be willing to accept a single Wassermann report, in the absence of supporting clinical data, as conclusive evidence either for or against the presence of syphilitic infection. One of them can point to at least a score of cases of untreated syphilis with florid eruption in the secondary stage in which a laboratory reported the reaction negative; and this not from one laboratory, the quality of whose work would thereby be greatly impugned, but from many laboratories in different parts of the country. They concluded that the Wassermann test is so subject to errors of various kinds that dependence on a single reaction in a series of tests is not justified. In an uncured case a change from a negative to a positive reaction may happen to coincide with the "provocative" injection and a positive found after the injection may be the result of the normal increase in reagent without relation to the injection. In a series of about 150 cases of untreated syphilis of all kinds the writers did not find a single clear case of a provoked reaction, while the assumption of a cure in all cases is obviously untenable. In a series of cases temporarily negative selected as probably not cured, the "provocative" test failed to indicate the presence of syphilis, though the subsequent course of the cases proved that the syphilis was not cured. They regard the "provocative" arsphenamin injection as a useless and often misleading procedure.

A Survey of Wassermann Reactions Made in the Serological Laboratory of the City of Cleveland.—ECKER (*Am. Jour. Syph.*, April, 1919, iii, 260) says that of 9412 Wassermann tests made at the serological laboratory of the city of Cleveland, Ohio, during the last two years,

that the undescended testis should never be sacrificed in children and that the general tendency to remove the testis is greatly to be deprecated. Even if the testis be of little functional value it nevertheless is of great value in developing the male characteristics of the child. In adults it has an influence on the mentality and has a moral effect. Operation in the child should be postponed until he is ten to twelve years of age.

Continued Extension by Means of a New Extension Frame in the Bloodless Reduction of Congenital Dislocation of the Hip.—CHURCHMAN (*Surg., Gynec. and Obst.*, 1919, xxviii, 518) says that his method consists briefly in: Application of extension in the line of the legs as they rest in their deformed position; gradual abduction until the legs form with each other an angle of 180 degrees; when maximum abduction has been obtained, digital manipulation of the head of the femur, to drop them into place; maintenance throughout of rotation necessary to keep the toes pointing directly upward; gradual reduction of the maximum abduction until the legs form with each other an angle of about 35 degrees. Application of plaster cast from the waist to the knees; transmission of the body weight to the acetabula, through the heads of the femurs, by allowing the child to walk. If a favorable case in a young infant with well-developed acetabula is treated in this way, not only will the case be simplified by eliminating the violent manipulations hitherto used, but more accurate results will probably be obtained, because it will be found that the head can in this way be at will placed exactly where one wishes it to lie, and that if the position, by roentgenographs, is shown to be not entirely satisfactory, a change in the direction of the extension or rotation straps will make the desired correction.

THERAPEUTICS

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A Note on Sodium Morrhuate in Tuberculosis.—By a process similar to that by which sodium gynocardate is obtained from chaulmoogra oil, ROGERS (*British Med. Jour.*, February 8, 1919, p. 147) made a preparation of the sodium salts of the unsaturated fatty acids of cod-liver oil which he terms "sodium morrhuate." It is used in the form of a sterile 3 per cent. aqueous solution, administered subcutaneously in gradually increasing doses two or three times a week. When the dose reaches an inconvenient size (2 c.c.) it is given by intravenous injection. Sodium morrhuate has been under trial for a year by the